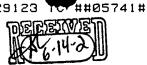
## Official



PTO/SB/06 (08-00)
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U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE,
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number, Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 466,000 CLAIMS AS FILED - PART I SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE  $\{Q_{i,j}\}$ BASIC FEE S OR \$ (37 CPR 1.16(a)) TOTAL CLAIMS minus 20 -OR 37 CFR 1.16(o)) INDEPENDENT CLAIMS OR (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1,16(d)) OR TOTAL TOTAL If the difference in column 1 is less then zero, enter '0' in column 2 OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY SMALL ENTITY (Column 1) (Column 3) (Column 2) CLATMS. HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL AMENDMENT **AFTER** PREVIOUSLY **EXTRA** FEB FEE MENDMENT PAID FOR OR Total Minus 70 (37 CFR 1.16(e)) **OR** Independent \*\*\* Minus 1 (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL 384 TOTAL ADDIT, FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGILEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL TIONAL RATE AMENDMENT **AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(e)) Minus = OR Independent \*\*\* Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column I) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL AMENDMENT AFTER PREVIOUSLY EXTRA FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) Minus OR -++ Minus (37 CFR 1.16(b)) OR FIRST PRÉSENTATION OF MULTIPLE DEPENDENT CLAIM Ø7 CFR 1.16(d)) OR TOTAL OR TOTAL If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". ADDIT. FEE ADDIT. FEE

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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